

**Application Data Sheet**

**Application Information**

Application number::

Filing Date::

02/14/02

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

METHOD FOR SELECTIVELY  
TRANSDUCING PATHOLOGIC MAMMALIAN  
CELLS USING A TUMOR SUPPRESSOR  
GENE

Attorney Docket Number::

016930-000630US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

4

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

10076691-014001

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: H.  
Family Name:: Shepard  
Name Suffix::  
City of Residence:: Rancho Santa Fe  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: P.O. Box 8333  
City of Mailing Address:: Rancho Santa Fe  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92067

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nancy  
Middle Name::  
Family Name:: Kan  
Name Suffix::  
City of Residence:: Dublin  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of Mailing Address:: 7915 Riverside Drive  
City of Mailing Address:: Dublin  
State or Province of mailing address:: OH  
Country of mailing address::  
Postal or Zip Code of mailing address:: 43016

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/403,797	12/04/95

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

1007554 03403